



CONTINUING EDUCATION PROGRAM: EDITORIAL

Let's retain control

Diagnostic imaging of the locomotor apparatus has become inalienably associated with interventional radiology. Denis Krausé and I have devoted this CME handbook to interventional procedures on peripheral and spinal structures.

The first part considers ultrasound-guided procedures. G. Morvan, V. Vuillemin and H. Guerini share with us their wide experience in this area. They used ultrasonography very early to undertake peri-articular infiltration (bursa, tendon sheaths, pulleys, neuromas, etc.). Intra-articular injections conducted under fluoroscopy guidance are being replaced more and more by ultrasound-guided injections. The authors first of all present the asepsis principles specific to this type of guidance as well as the techniques common to all these procedures. They then develop the indications and specific approaches with regard to the upper and lower limbs.

The second part is devoted to the treatment of bone metastases, the palliative treatment of which for many patients could be managed with a decided improvement in living comfort. Spinal metastases and metastases of the pelvic girdle confining patients to bed are the best indications for consolidation by cementoplasty. Lesions with considerable extension into soft tissues can now benefit from radiofrequency ablation of the tumour, in isolation or combined with cementoplasty. J. Palussière and F. Deschamps discuss these two techniques.

The final part tackles the difficult problem of foraminal spinal injections. This type of intervention has been controversial for some years following several serious related neurological complications. V. Hazebroucq explains the

medicolegal consequences for us. In order to understand the vascular risks and the risks to the spinal cord better, X. Demondion explains the arterial and venous anatomy of the cervical and lumbar foramina and the cord. C. Depriester and F. Brunner continue to perform foraminal injections on a daily basis. They explain how they have adapted and modified their practices and discuss the essential choices as to the mode of guidance as well as the various approaches.

Interventional radiology procedures of the locomotor apparatus have considerably increased in recent years. This infatuation can also be perceived in clinicians and in particular in rheumatologists, physiotherapists, etc. For radiology to remain innovative and develop, it is essential for good practices to be strictly applied and for these procedures to continue to be mainly performed by radiologists. This handbook is part of this step in streamlining these procedures.

Disclosure of interest

The author has not supplied his declaration of conflict of interest.

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